SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201503A)

		True	False
1.	Sleep apnoea is more a nuisance than a serious and potentially life-threatening condition with loud intermittent snoring.		
2.3.	Local studies estimate that about 1 out of every 6 in Singapore's population is affected by sleep apnoea. Sleep apnoea is expected to be more common with the increasing lifestyle trends of physical inactivity and obesity.		
4.	Sleep apnoea can be the reason for poor work performances as it may cause daytime sleepiness, memory loss and poor concentration.		
5.	A sleep history can be taken when patients present for health screening routine or fitness for work, when reviewing conditions of patients at high risk of sleep apnoea, and when evaluating symptoms related to sleep.		
6.	Sleep is a function not related to any particular structure, and thus, it is a challenge to treat and prevent its complications.		
7.	A sleep history from a well-educated patient is often adequate.		
8.	A simple tool that can be used to gauge daytime sleepiness severity is the Epworth Sleepiness Scale.		
9.	Morning headaches, decreased concentration and memory should trigger sleep apnoea as one of the clinical differentials during consultation.		
10.	Secondary conditions precipitated by obstructive sleep apnoea (OSA) include hypertension, stroke, myocardial infarction, decreased daytime alertness and motor vehicle accidents.		
11.	Sleeping problems, snoring and sleep apnoea are not well understood, and the majority of patients are unlikely to voluntarily provide these conditions as complaints in the consultation room.		
12.	The specific lay description of apnoea may be necessary for the bed partners and roommates of sleep apnoea patients to observe and report at a follow-up consultation.		
13.	Clinical physical examination is not necessary and is optional in the investigation of sleep apnoea.		
	Sleep study (polysomnography) is an optional test often offered when evaluating sleep apnoea.		
15.	Sleep study can confirm the diagnosis and anatomical levels or degree of the upper airway obstruction.		
	Diagnostic sleep study, continuous positive airway pressure titration study, multiple sleep latency test and maintenance wakefulness test are other specialised tests also conducted in a sleep laboratory.		
17.	The root cause for snoring and sleep apnoea is usually apparent and easily treated.		
18.	There are many treatment options for OSA, which are usually offered in a step-wise approach.		
19.	Sleep apnoea management that had worked well may not always be the permanent cure, and long-term reviews might be needed at a later phase of life.		
20.	Integrated clinical teams are increasingly relevant for sleep services or sleep centres to offer a comprehensive education and step-wise management options for patients with sleep apnoea.		
Doctor's particulars: Name in full : MCR number : Specialty:			
Email address :			

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: http://www.sma.org.sg/publications/smjcurrentissue.aspx and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ May 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 May 2015. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (March 2015 SMJ 3B CME programme): 12 noon, 27 April 2015.